

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CREDO SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00507517	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Matt Denner</b>		Date MM / DD / YYYY <b>09 / 12 / 2012</b>	
Mailing Address 2819 Holcomb Ave		Amount <b>750.00</b>	
City Des Moines	State IA	Zip Code 50310	Transaction ID : <b>SE.8559</b>
Purpose of Expenditure Payroll	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE MR. KING</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>19259.97</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Matt Denner</b>		Date MM / DD / YYYY <b>09 / 26 / 2012</b>	
Mailing Address 2819 Holcomb Ave		Amount <b>750.00</b>	
City Des Moines	State IA	Zip Code 50310	Transaction ID : <b>SE.8565</b>
Purpose of Expenditure Payroll	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE MR. KING</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>23009.97</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 27 / 2012**

Signature